

STUDENT BENEFICIARY CHANGE

Account Owner: Please use this form to change the student named on your account.

Current Account Information

Account Number _____

Account Owner _____

Current Student Beneficiary	Name _____	SSN or TIN _____
	Name _____	SSN or TIN _____

New Student Beneficiary Information

Name (First, Middle, Last, Suffix) _____

SSN or TIN _____

Birth Date _____

Benefit Use Year _____

Street Address/Apartment Number _____

Post Office Box Number _____

City/State/Zip Code _____

Email Address _____

Telephone Numbers

Home _____	Work _____	Other (Please specify type.) _____
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Reason for change request _____

Please tell us the relationship between the students:

The student beneficiary receiving the units must be a family member of the student beneficiary giving the units.
(e.g. parent, grandparent, sibling, half-sibling, stepchild, niece/nephew or first cousin)

Account Owner's Signature - Required

I certify under the penalty of perjury that all the above information is true and correct.

Account Owner's Signature _____	Date _____
<i>(Notary must witness signature.)</i>	

Notary Section - Required

State of _____

County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date _____	Signature _____
(Seal or Stamp)	Title _____
My appointment expires _____	